

Board of Nursing

P.O. Box 30193

Lansing, Michigan 48909

(517) 335-0918

REGISTERED NURSE LICENSURE INSTRUCTIONS

Authority: P.A. 368 of 1978, as amended
This form is for information only.

NOTE: It is your responsibility to have all required documentation sent to the Board of Nursing. Questions regarding your application can be directed to the Michigan Board of Nursing at (517) 335-0918 three weeks after the date you sent the application. Please allow 4-6 weeks processing time. Applications submitted without the required licensing fee, applicant's signature and date will be returned.

INSTRUCTIONS FOR COMPLETING THE APPLICATION

1. You must submit the application for licensure, all supporting documents requested, and the appropriate fee to the Board of Nursing to determine eligibility to sit for the exam. **ELIGIBILITY FOR THE EXAM IS DETERMINED SOLELY BY THE MICHIGAN BOARD OF NURSING AND IS SEPARATE FROM REGISTERING FOR THE EXAM WITH PEARSON PROFESSIONAL TESTING (PPT).**
2. Read all instructions carefully and answer all questions on the application including providing details on a separate sheet if necessary. Failure to correctly complete the application in its entirety may delay the processing of your application.
3. Provide all information requested on the application. **YOUR NAME MUST APPEAR EXACTLY AS IT IS ON THE PICTURED I.D. YOU WILL BE USING TO TAKE THE EXAMINATION** (*Driver's License, State I.D., Passport, Immigration Card*). Canadian applicants requesting a temporary license need to check the "Temporary License" box and complete the Affidavit for Temporary Licensure at the end of the application.
4. An application accompanied by the appropriate fee is valid for three years. If an applicant fails to complete the requirements for licensure within three years from the date of filing the application, the application is no longer valid.
5. School Certification--Michigan graduates must have the school submit a Michigan Nursing School Certification form directly to the Michigan Board of Nursing. Out of State graduates must have the school submit transcripts to the Michigan Board of Nursing.
6. All applicants educated outside of the United States or Canada must be certified by the Commission on Graduates of Foreign Nursing Schools (CGFNS). Please contact CGFNS at 3600 Market Street, Philadelphia, PA 19104-2651, telephone (215) 349-8767, or at their website www.cgfns.org to request an application for the CGFNS Certification Program. **VERIFICATION OF YOUR CGFNS CERTIFICATION MUST BE FORWARDED TO THIS OFFICE DIRECTLY FROM CGFNS.**
7. You must complete the NCLEX Examination Application and submit it to Pearson Professional Testing (PPT) by either using the address shown on the form or calling PPT at 1-866-496-2539. You may also register for the NCLEX examination on the Internet at www.vue.com/nclex. The NCLEX Bulletin can be downloaded at www.ncsbn.org. You will be sent an Authorization to Test by PPT along with instructions for scheduling your testing appointment **after** you have been made eligible to take the test by the Michigan Board of Nursing. Once you have received your Authorization to Test, you must sit for the examination within 90 days.
8. Passing letters will not be mailed to those who have passed the examination. If you receive a license, you have passed the examination. Those who are not successful will receive a breakdown of scores.

GENERAL INFORMATION

1. ***If you require special testing accommodations because of a disability, you must submit a letter that indicates what your disability is and what type of accommodations you are requesting. Also, we require that you send us a letter from a licensed health care provider that clearly states your diagnosis and includes copies of all supporting test findings and/or evaluations. In addition, you should send us documentation from your nursing program that describes what types of accommodations were provided to you during your education. These documents need to be submitted at the same time you send in this license application, if not earlier, to: CIS, Bureau of Health Services, ATTN: ADA Request, P.O. Box 30670, Lansing, MI 48909.***
2. **NAME AND/OR ADDRESS CHANGES:** If your name and/or address changes prior to the exam date, notify the Board of Nursing in writing. Include your former name, address, social security number, and whether or not you have registered for the nursing examination with the new name and/or address. Telephone calls are NOT accepted for these changes. Name and address changes can be faxed to (517) 373-2179.
3. **REFUND POLICY:** If you wish to withdraw your application, you may be eligible for a partial refund. You must notify the Board of Nursing in writing to request a refund.
4. You must apply for and obtain a Michigan nurse specialist license in order to practice as a nurse specialist in Michigan.

CANADIAN APPLICANTS

Until January 1, 2004, a registered nurse temporary license is available to individuals who were educated in a Canadian nursing program and are currently licensed as a registered nurse in the Dominion of Canada. You will be required to take and pass the National Council Licensure Examination (NCLEX-RN) in order to obtain a full, permanent license.

The temporary license is valid for no more than one year and is only authorized until scores are received from the NCLEX-RN. If you fail the NCLEX-RN, your temporary license is no longer valid. If you have already failed this examination, you do not qualify for the Michigan temporary license.

To obtain a temporary license, please submit the following: (1) license application and appropriate fee; (2) an official transcript of your nursing education **MUST** be sent directly to this office from your educational institution; and (3) current verification (Form HLD-001 attached) of your Canadian license **MUST** be sent directly to this office from your Canadian licensing agency.

SINCE ALL NURSING LICENSES EXPIRE ON MARCH 31, ORIGINAL LICENSES ARE VALID TO THE FIRST MARCH 31 WHICH MAYBE A YEAR OR LESS; SUBSEQUENT RENEWALS ARE VALID FOR A TWO-YEAR PERIOD.

Michigan Department of Consumer & Industry Services
Board of Nursing
P.O. Box 30193
Lansing, MI 48909
(517) 335-0918

APPLICATION FOR REGISTERED NURSE LICENSE

Authority: Public Act 368 of 1978, as amended
If this form is not completed, a license will not be issued.

Type or Print Only

I AM APPLYING FOR THE FOLLOWING:

- ☐ License by Examination - Fee: \$48.00 71-4704-156
- ☐ License by Examination and Temporary License (Canadian Licensees Only)
Fee: \$58.00 71-4704-156 and 71-4707-04

Your check or money order drawn on a U.S. financial institution and made payable to the **STATE OF MICHIGAN** must accompany this application.
DO NOT SEND CASH. Fees are deposited upon receipt and can only be refunded under refund rules promulgated by the Department.

First Name	Middle Name	Last Name
U.S. Social Security Number	Date of Birth	Michigan Permanent I.D. Number and Expiration Date
Street Address		
City	State	ZIP Code
Daytime Phone Number	All Previous Names and/or Birth Name Used (if applicable)	
School of Nursing	City and State	School Code
		Date of Completion

Check the appropriate answer to each of the following questions. NOTE: Attach a detailed explanation for any Yes answer you check.

1. Have you ever been convicted of a felony?	<input type="checkbox"/> Yes <input type="checkbox"/> No
2. Have you ever been convicted of a misdemeanor punishable by imprisonment for a maximum term of 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
3. Have you ever been convicted of a misdemeanor involving the illegal delivery, possession, or use of alcohol or a controlled substance (including motor vehicle violations)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
4. Have you been treated for substance abuse in the past 2 years?	<input type="checkbox"/> Yes <input type="checkbox"/> No
5. Have you had 3 or more malpractice settlements, awards, or judgments in any consecutive 5 year period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Have you had one or more malpractice settlements, awards, or judgments totaling \$200,000 in any consecutive 5 year period?	<input type="checkbox"/> Yes <input type="checkbox"/> No
7. Have you ever had a federal or state health professional license or registration revoked, suspended, or otherwise disciplined; been denied a license; or currently have disciplinary action pending against you?	<input type="checkbox"/> Yes <input type="checkbox"/> No

8. Have you ever been censured, or requested to withdraw from a health care facility's staff or had your health care facility staff privileges involuntarily modified? ☐ Yes ☐ No
9. Have you ever applied for or written an R.N. exam in another U.S. Jurisdiction? ☐ Yes ☐ No
10. Have you ever filed an R.N. or P.N. application in Michigan? ☐ Yes ☐ No
11. Do you hold or have you held a **permanent** RN license or registration in Michigan or any other state(s)? ☐ Yes ☐ No
 If yes, list each state, the license or registration number, the date issued, and how the license was obtained (either endorsement or examination). **DO NOT LIST TEMPORARY LICENSES. You must have each state board verify licensure directly to this board office.** (Attach additional sheets if necessary.)

State	Permanent License Number	Date of Issue	How obtained (Endorsement or Examination)

CERTIFICATION

I understand that it is the policy of this agency to secure a criminal conviction history as part of their pre-licensure screening process. I authorize this agency to use the information provided in this application to obtain a criminal conviction history file search from the Central Records Division of the Michigan Department of State Police or other law enforcement or judicial record-keeping organization .

I further consent to the release of information to this agency regarding any disciplinary investigations conducted by a similar licensure, registration, or specialty certification board of this or any other state, of the United States military, of the federal government, or of another country.

The statements in this application are true and correct. I have not withheld information that might affect the decision to be made on this application . In signing this application, I am aware that a false statement or dishonest answer may be grounds for denial of my application or revocation of my license and that such misrepresentation is punishable by law.

Signature of Applicant

Date

AFFIDAVIT FOR CANADIAN LICENSEES SEEKING MICHIGAN TEMPORARY LICENSURE

A registered nurse temporary license is available to individuals who were education and are currently licensed as a registered nurse in the Dominion of Canada. This license is valid for one year from the date of issue or until failure of the National Council Licensure Examination (NCLEX-RN). If you have already failed this examination, you do not qualify for the Michigan temporary license.

Sign this affidavit if you are a Canadian Registered Nurse and are seeking temporary licensure in Michigan.

I, _____, certify that I have not failed the NCLEX-RN examination prior to applying for a Registered Nurse Temporary License in Michigan.

Signature of Applicant

Date of Signature

8. Have you ever been censured, or requested to withdraw from a health care facility's staff or had your health care facility staff privileges involuntarily modified? ☐ Yes ☐ No
9. Have you ever applied for or written an R.N. exam in another U.S. Jurisdiction? ☐ Yes ☐ No
10. Have you ever filed an R.N. or P.N. application in Michigan? ☐ Yes ☐ No
11. Do you hold or have you held a **permanent** RN license or registration in Michigan or any other state(s)? ☐ Yes ☐ No
 If yes, list each state, the license or registration number, the date issued, and how the license was obtained (either endorsement or examination). **DO NOT LIST TEMPORARY LICENSES. You must have each state board verify licensure directly to this board office.** (Attach additional sheets if necessary.)

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Sign this affidavit if you are a Canadian Registered Nurse and are seeking temporary licensure in Michigan.

I, _____, certify that I have not failed the NCLEX-RN examination prior to applying for a Registered Nurse Temporary License in Michigan.

Signature of Applicant

Date of Signature

Michigan Department of Consumer & Industry Services
Bureau of Health Services
P.O. Box 30670
Lansing, MI 48909

VERIFICATION OF LICENSURE OR REGISTRATION

Authority: Public Act 368 of 1978, as amended.
If this form is not completed, a license will not be issued.

PART 1: To be completed by the applicant and forwarded to the appropriate State Licensing Board for completion:

Check the profession for which you are requesting verification.		
<input type="checkbox"/> Chiropractic <input type="checkbox"/> Counseling <input type="checkbox"/> Dentistry <input type="checkbox"/> Marriage & Family Therapy <input type="checkbox"/> Medicine	<input type="checkbox"/> Nursing <input type="checkbox"/> Nursing Home Adm. <input type="checkbox"/> Occupational Therapy <input type="checkbox"/> Optometry <input type="checkbox"/> Osteopathy	<input type="checkbox"/> Pharmacy <input type="checkbox"/> Physical Therapy <input type="checkbox"/> Physician's Assistants <input type="checkbox"/> Podiatry <input type="checkbox"/> Psychology
<input type="checkbox"/> Sanitarians <input type="checkbox"/> Social Work <input type="checkbox"/> Veterinary		
First Name	Middle Name	Last Name
Previous Names Used	Date of Birth	U. S. Social Security Number
State Board	License Number	Date of Issue

The applicant listed above has applied for licensure in Michigan and has indicated licensure in your State.
Please complete Part II of this form and return it to the appropriate Michigan Board at the address shown above.

PART II: To be completed by the State Licensing Board.

Basis for Issuance of License:		Type of License:
<input type="checkbox"/> Examination - Please indicate type of exam (National, Regional, State, etc.)	<input type="checkbox"/> Endorsement - Please indicate name of state	
License Status	Original Issue Date	Expiration Date
<input type="checkbox"/> Current <input type="checkbox"/> Lapsed <input type="checkbox"/> Inactive		
Has the applicant incurred any formal or informal actions in your State?		
<input type="checkbox"/> No <input type="checkbox"/> Yes - If Yes, Please attach certified copies of any actions.		
Are formal or informal actions pending?		
<input type="checkbox"/> No <input type="checkbox"/> Yes		
Has the applicant's license ever been limited, denied, surrendered, reprimanded, suspended or revoked?		
<input type="checkbox"/> No <input type="checkbox"/> Yes		

CERTIFICATION

I hereby verify, to the best of my knowledge, the information above is true to the records of this Board.

Signature

Date

Type or Print Name

(S E A L)

Title

Full Name of Licensing Board